

CHESAPEAKE DEPARTMENT OF PARKS, RECREATION AND TOURISM YOUTH PROGRAMS MEDICATION CONSENT FORM PACKET

Please complete a separate Medication Consent Form for each medication, whether prescribed, over-the-counter or topical, for your child. You may drop off the completed packet, e-mail it to tdiamond@cityofchesapeake.net, or fax it to 757-277-9365, to the attention of the Recreation Coordinator of Youth Programs, Thurman Diamond. An emailed or faxed copy shall be treated as an original.

Please note:

- Multiple medications cannot be listed on one Medication Consent Form. Please use a separate Medication Consent form for each medication.
- If your child requires an Epinephrine Auto-Injector, you must complete this form and the Consent for the Administration of Epinephrine Auto-Injectors.
- You must complete the Participant and Parent/Legal Guardian Information sections for any medication regardless of the length of time of administration (short-term conditions/illnesses, such as colds), if the medication is prescribed, over-the-counter and/or topical, and/or if submitting Virginia Asthma Action Plans, Life Threatening Allergy Management Plans or Hampton Roads School Medication forms.
- The Licensed Authorized Prescriber Section must be completed for all medications, whether prescribed, over-the-counter or topical.

CHILD/PARTICIPANT'S INFORMATION:		
Name:	Date of Birth:	Known Allergies:

CHILD'S MEDICATION:

PARENT/LEGAL GUARDIAN INFORMATION:	
Name:	Home Phone Number: Cell Phone Number:
Address:	Emergency Contact Name and Phone Number:

PROCEDURES FOR SELF-ADMINISTERED MEDICATION/EQUIPMENT FORM

General Information:

- All medication will be self-administered, **except the Epinephrine Auto-Injectors unless the Permission to Carry and/or Self-Administer Life Saving Medication is completed and approved.**
- This procedural information agreement must be signed by both the child's parent/legal guardian and a City of Chesapeake Department of Parks, Recreation and Tourism Youth Programs ("Department") designated staff member.
- Your child's medication will be securely stored during the program, **unless the Permission to Carry and/or Self-Administer Life Saving Medication is approved.**
- Department staff will contact the parent/legal guardian immediately if any problem arises concerning the child's medication or equipment.
- Department staff is not be responsible for broken or malfunctioning equipment.
- The parent/legal guardian is responsible for ensuring medication is not expired.
- If Department staff have any concerns with the medication or specialized procedures request, the parent/legal guardian agrees to meet or speak to staff over the phone regarding the concerns.
- If there is a change in the medication, dosage and/or specialized procedure, an updated **Medication Consent Form** must be completed and submitted for approval before the updated medication or specialized procedure can be administered, self-carried or self-administered.
- Approved medications must be provided to Department staff within thirty (30) days of being notified of the approval. If the requested medication is not provided to Department staff within thirty (30) days of approval, the form will become null and void and the parent/legal guardian will be required to resubmit the form for approval.
- Medication cannot be dropped off with the child without approval from the Recreation Coordinator of Youth Programs.

Medication:

- The parent/legal guardian will:
 - a. Make alternate arrangements for administration of any medication prior to completion and approval of the Medication Consent Form.
 - b. Educate their child in regarding this policy, the proper administration of medication and the hazards of sharing medication with others.

- c. Provide approved medications in the original labeled pharmacy/physician containers and appropriate administration tools to measure the dose accurately (i.e. measuring spoon, measuring cup, etc.)
 - d. Verify the amount of medication being dropped off with Department staff and documentation will be notated in the log. On the child's last day in attendance for each week, the parent/legal guardian and Department staff will verify any unused medication being returned and such will be notated in the log.
 - e. Meet, in-person or via telephone, with the Recreation Coordinator of Youth Programs, or designated staff, to review their child's medication needs.
- By agreement, "as-needed" medications for allergies and asthma may remain securely stored at the site for the duration of the program in which the child is enrolled.
 - At the specified time, Department staff will give the medication to the child and oversee the child's taking of the medication. Department staff may visually under the child's tongue/in mouth to ensure the medication was taken.

Specialized Procedures for Epinephrine Auto-Injectors:

- A Consent and Release for the Administration of Epinephrine Auto-Injectors Form must be completed and signed by a physician and the child's parent/legal guardian.
- The child's parent/legal guardian must understand that with the exception of the Epi-Pen®, Department staff are not trained to use equipment and do not have legal authority to do so.

PARENT/LEGAL GUARDIAN AUTHORIZATION:

I (print your name) _____, authorize the City of Chesapeake Department of Parks, Recreation and Tourism Youth Programs ("Department") to maintain and/or administer the medication as specified above and, if applicable, on the "Licensed Authorized Prescriber Section" to: (print child's name) _____.

If my child is expected to self-carry and/or self-administer his or her medication, I certify by my signature below that I have discussed the proper storage and administration of the medication and the hazards of sharing the medication with others with my child. My child has agreed to store and administer his or her medication in a proper manner and to refrain from sharing his or her medication with others.

If this paragraph is applicable, Parent/Legal Guardian Initials: _____

I certify that all the information provided to the Department is true and accurate to the best of my knowledge and belief.

Parent/Legal Guardian Signature: _____

Date: _____

RELEASE OF LIABILITY AND INDEMNIFICATION:

I understand that the Department, after consultation with me, may impose reasonable limitations or restrictions upon my child's possession and/or self-administration of medication relative to the age and maturity of my child and other relevant consideration.

I understand that the Department may withdraw its permission for my child to self-carry and self-administer medication at any point during the duration of the program my child is attending if the Department determines myself or my child have abused the privilege of self-carry and self-administration or that my child is not safely and effectively administering the medication to him/herself.

I release the Department, the City of Chesapeake and its employees, agents, instructors and volunteers from any and all liability as a result of the administration of medicine to my child, or the self-carry of medication by my child, or the self-administration of medication by my child.

I forever indemnify and hold harmless the Department, the City of Chesapeake and its employees, agents, instructors and volunteers from and against all claims, including claims for personal injury or death, damage, losses, actions, liabilities, attorney fees and expenses for any and all accidents.

For myself, my heirs, executors, and administrators, waive and release any and all rights and claims for damages I may have against the City of Chesapeake and its representatives, successors and assigns, for any and all injuries suffered by my child during the administration, or self-carry, or self-administration of medication.

Parent/Legal Guardian Signature: _____

Date: _____

DEPARTMENT STAFF USE ONLY SECTION

Program Attending:

Date Received:

Date Approved:

Notes:

LICENSED AUTHORIZED PRESCRIBER SECTION:		
Child's Name:	Child's Date of Birth:	Physician Contact Information:
Name of Medication including strength (<i>one per form</i>):	Amount/Dosage to be given:	Route of Administration:
Frequency to administer medication:	Identify the symptoms that will necessitate administration of the medication (signs and symptoms must be observable and, when possible, measurable parameters)	
Time medication to be administered:		
Possible side effects: (must supply package insert and/or pharmacy printout for complete list of possible side effects)	Additional side effects:	
The length of time the medication is to be given (for short-term conditions/illnesses):	Date medication to be discontinued:	
Permission to Carry and/or Self-Administer Life Saving Medication:		
<p>This section is to be completed if a participant has a life-threatening medical condition and the healthcare provider, parent and participant agree the participant is mature and able to carry the medication and/or self-administer as needed. Prescriber please check all that apply:</p> <p><input type="checkbox"/> I as the Healthcare Provider, certify that this child has a medical history of asthma and has been trained in the use of the prescribed medication(s). Site staff should be notified anytime the medication is used. This child understands the hazards of sharing medications with others and has agreed to refrain from this practice.</p> <p><input type="checkbox"/> I as the Healthcare Provider, certify that this child has a medical history of severe allergic reactions and has been trained in the use of the prescribed Epinephrine Auto-Injector. Site staff should be notified anytime the injector is used. This child understands the hazards of sharing medications with others and has agreed to refrain from this practice.</p> <p><input type="checkbox"/> Self-Carry <input type="checkbox"/> Self-Administer</p>		
Licensed Prescriber's Name:	Signature:	Date:
Parent/Legal Guardian's Name:	Signature:	Date:

DEPARTMENT STAFF USE ONLY SECTION

Program Attending:	Date Received:	Date Approved:
Notes:		

**CHESAPEAKE DEPARTMENT OF PARKS, RECREATION AND TOURISM
YOUTH PROGRAMS**

CONSENT AND RELEASE FOR THE ADMINISTRATION OF EPINEPHRINE AUTO-INJECTORS

Your child is a participant in a City of Chesapeake Department of Parks, Recreation and Tourism (“Department”) Youth Program and has been assessed by a physician as requiring an Epinephrine Auto-Injector for anaphylaxis reactions.

Department staff is willing to assist with the administration of Epinephrine Auto-Injectors to your child during the program under the following conditions:

- **This form is to accompany the Medication Consent Form.**
- You must provide the Department with an Epinephrine Auto-Injector that has been prescribed by a physician for your child.
- The Department must approve the Epinephrine Auto-Injector and if the child is allowed to self-carry and self-administer the Epinephrine Auto-Injector.
- Department staff will not administer an Epinephrine Auto-Injector unless, in the Department’s determination, administration is necessary due to a life-threatening situation; and/or your child is unable to self-administer the injection.
- You understand and acknowledge that there may be certain side effects and risks associated with the administration of an Epinephrine injection. Accordingly, you, as the child’s parent/legal guardian of the participant, for yourself waive, release, and discharge and acquit the City of Chesapeake, and its agents, employees, volunteers, representatives and officials of and from any and every claim, demand, action or right of action, of whatsoever kind of nature, either in law or in equity arising from or by reason of any bodily injury or personal injuries known or unknown, or death resulting on account of the Epinephrine injection administered to the participant while participating in the program.
- I release the Department, the City of Chesapeake and its employees, agents, instructors and volunteers from any and all liability as a result of the administration of medicine to my child, or the self-carry of medication by my child, or the self-administration of medication by my child.
- I forever indemnify and hold harmless the Department, the City of Chesapeake and its employees, agents, instructors and volunteers from and against all claims, including claims for personal injury or death, damage, losses, actions, liabilities, attorney fees and expenses for any and all accidents.
- For myself, my heirs, executors, and administrators, waive and release any and all rights and claims for damages I may have against the City of Chesapeake and its representatives, successors and assigns, for any and all injuries suffered by my child during the administration, or self-carry, or self-administration of medication.

ACKNOWLEDGEMENT

I have read and understand the provisions of the Consent and Release for the Administration of Epinephrine Auto-Injectors, and by signing this form, I agree to abide and be bound by all its terms and conditions.

Participant's Name (Print):		Parent/Legal Guardian's Name (Print):	
Street Address:		City, State & Zip:	
Home Phone Number:	Cell Phone Number:	Work Phone Number:	
Parent/Legal Guardian Signature:		Date:	
Recreation Coordinator Signature:		Date:	

DEPARTMENT STAFF USE ONLY SECTION		
Program Attending:	Date Received:	Date Approved:
Notes:		